



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E441803**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION ☐

CASE #	15-1727		
LOCAL AGENCY CODING	0664		
TOTAL # OF UNITS	02	OBJECT STRUCK	FENCE

DATE OF COLLISION	07	11	2015	TIME (2400)	1146	COUNTY #	31	MILES	N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>	IN <input checked="" type="checkbox"/> OF	0664
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ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒

118TH DR NE BLOCK NO. ☒ 2300

DISTANCE MILES N E S W

UNIT 01 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE D: 4253453231

LAST NAME WARD FIRST NAME TOMMY MIDDLE INITIAL J

STREET NEW ADDRESS 2307 118TH DR NE

CITY LAKE STEVENS ST WA ZIP 982589175

CDL RESTRICTIONS J ENDORSEMENTS

DRIVER'S LICENSE # WARD*TJ214CF STATE WA SEX M D.O.B. MMDDYYYY 02 - 06 - 1979

ON DUTY ☐ STATUS AIRBAG 2 RESTR. 4 EJECT 1 HELMET USE INJURY CLASS 1 NATURE OF INJURIES

LICENSE PLATE # B97331W STATE WA VIN# 1GTEK19T54E117004

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 2004 MAKE GMC MODEL SIERRA STYLE 4C VEHICLE TOWED YES ☒ NO ☐ TOWED BY GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. TOMMY WARD 2307 118TH DR NE LAKE STEVENS WA 982589175 D: 4253453231

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # OMNI 5818249 CITATION # CHARGE

UNIT 02 MOTOR VEHICLE ☐ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☒ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE D: 425340381

LAST NAME REIMERS FIRST NAME STEPHEN MIDDLE INITIAL S

STREET NEW ADDRESS 11721 23RD PL NE

CITY LAKE STEVENS ST WA ZIP 98258

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # STATE WA SEX M D.O.B. MMDDYYYY 08 - 28 - 199 0

ON DUTY ☐ STATUS AIRBAG RESTR. EJECT HELMET USE INJURY CLASS NATURE OF INJURIES

LICENSE PLATE # STATE VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED YES ☐ NO ☐ TOWED BY GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO & POLICY # CITATION # CHARGE

OFFICER'S NAME (PRINT) C. WELLS #131 BADGE OR ID # 131 AGENCY WA0311900



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E441803**

CASE # **15-1727**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		HUDSPETH TERENCE J																	
ADDRESS & PHONE #		2310 118TH DR NE LAKE STEVENS WA 98258 4253770375																	
		SEX	M	D.O.B. MMDDYYYY	11			23			1961								
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)		HEIST MICAH J																	
ADDRESS & PHONE #		2305 118TH DR NE LAKE STEVENS WA 98258 4253085618																	
		SEX	M	D.O.B. MMDDYYYY	02			27			1985								
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #																			
		SEX		D.O.B. MMDDYYYY															
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	

NARRATIVE

Unit #1 - WARD suffered a epileptic seizure while leaving his driveway. He became unconscious, lost control of his vehicle and crashed into the cyclone fencing seperating 118th DR NE from the neighboring residence, 11721 23rd PL NE, LKS.

Unit #1 WARD hit landscaping rockery and the fence - causing significant damage to the fence and his vehicle.

No Injury to WARD. WARD admitted to having Seizure history and stated his last memory was driving out of his driveway.

Aid summoned to scene for patient care: WARD's seizure

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

C. WELLS #131

07-11-15 01:22 PM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

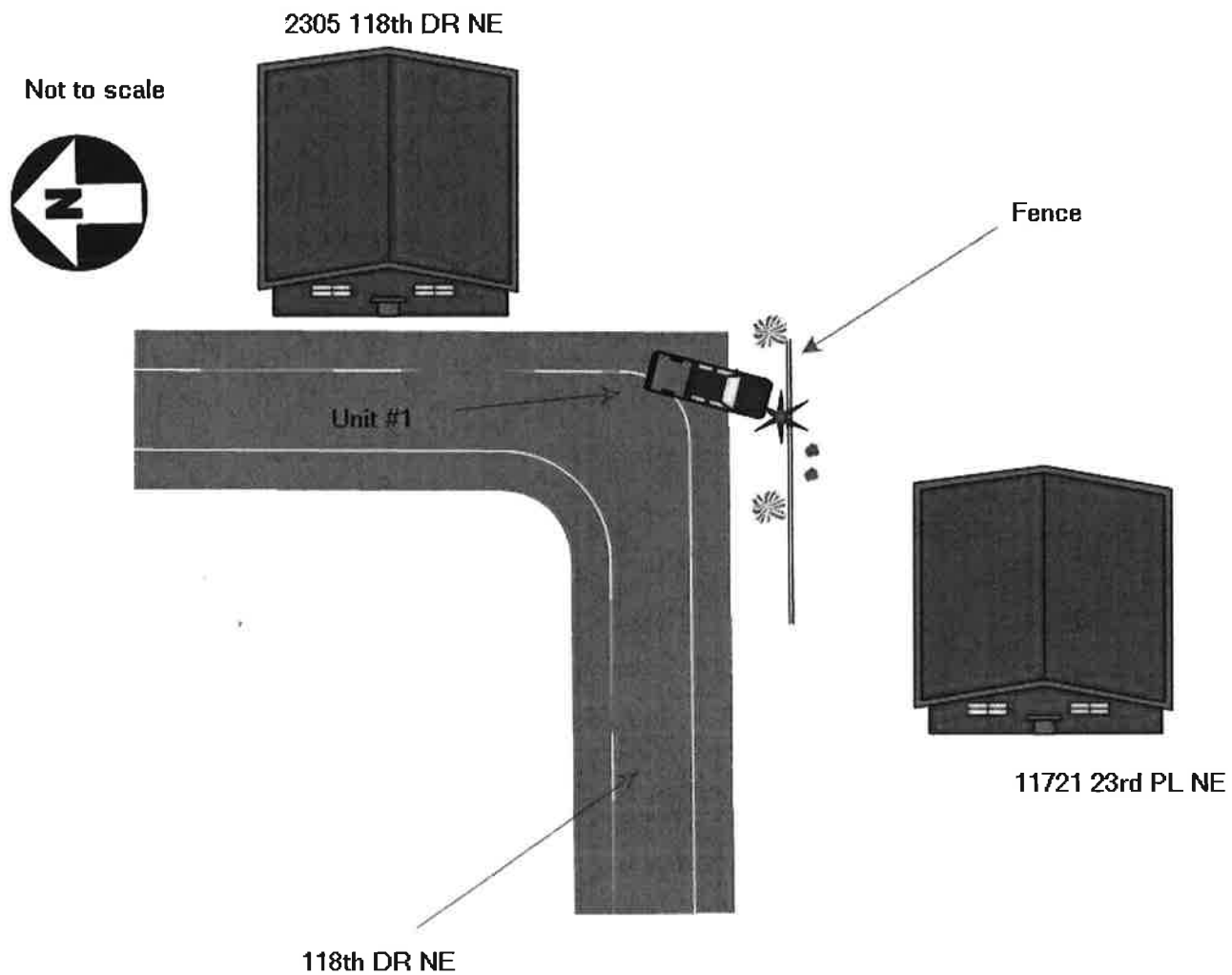
APPROVED BY

ROBERT MINER 095

DATE

7/11/2015 5:01:16 PM

BADGE OR ID #	131	ORI #	WA0311900	TIME POLICE DISPATCHED	11:46 AM	TIME POLICE ARRIVED	11:47 AM
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Case Numbers: \$SS15001727

Entered 07/11/15 10:46:29 BY SPDF24 SP0152

Dispatched 07/11/15 10:47:15 BY SPSC40 SP0174

Enroute 07/11/15 10:47:15

Onscene 07/11/15 10:48:48

Closed 07/11/15 11:40:22

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Police BLK: SS001 Fire BLK: AG1620 Map Page: 377H-5 Group: SS1 Beat: NORT

Src: T

Loc: 11721 23 PL NE , LKS btwn 117 AV NE & 118 DR NE (V)

Loc Info:

Name: STEVEN

Addr:

Phone: 2064379585

/1046 (SP0152) ENTRY , CC, 3 AGO, M RAN VEH INTO FENCE, UNK INJ, NON B
LKING, SIL CHEVY PU

/1046 CROSS #AG15002066

/1047 (SP0174) AGCADV , BCST

/1047 DISPER 19D1 #SS120 BERNHARD, OFFICER (KERRY)

/1047 (SP0137) SUPP LOC: 2305 118 DR NE , LKS,

TXT: 40' S M NEIGH TO RP, H

/1047 (SP0174) ASSTER 19D2 #SS131 WELLS, OFCR (CHAD)

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/1047      $PREMPT  19D1

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/1048 (SS95) *ASST 19S13 [11721 23 PL NE , LKS]

#SS95 MINER, SGT (ROBERT)

/1048 (SP0174) ONSCNE 19D2

/1048 ENROUT 19S13

/1049 MISC 19D2 , NOTHING SHOWING

/1050 ONSCNE 19S13 , W/FIRE

/1057	(SP0203)	ASNCAS	19D2	\$SS15001727
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/1106	(SS131)	REMINQ	19D2	MDTWANT, REIMERS, STEPHEN, S, 082890,, , WA,,,,,
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333

/1115 (SP0203) CLEAR 19S13

/1140	CLEAR	19D2	D/H
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/1140	CLOSE	19D2
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LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

15-1727

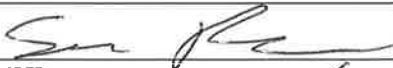
VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Reimers Stephen S	RACE W	ETH	SEX M	DOB 08-28-1990	AGE 24	HGT 5'10"	WGT 210	HAIR BLK	EYES BRN
STREET ADDRESS 11701 23rd Pl NE		CITY Lake Stevens			STATE WA	ZIP 98258	RES. STATUS			
HOME PHONE (425) 334-0361		CELL PHONE			PLACE OF EMPLOYMENT					
WORK PHONE		EMAIL ADDRESS								

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was Standing in my yard and heard a crash. Looked over and Someone Crashed into my fence. Sounded ~~like~~ Like The Person was having a Seizure. once The truck Stopped I walked up to the truck and Saw Tommy S ward get out of the driver Seat.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED 7-11-15	LOCATION SIGNED Lake Stevens WA
OFFICER/NUMBER: C. Waus /131	DATE SIGNED 7/11/15	LOCATION SIGNED LKS

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

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LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER 15 - 1727

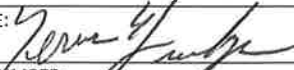
VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) HUDSPETH TERENCE J	RACE W	ETH	SEX M	DOB 11-23-61	AGE 53	HGT 5'10"	WGT 200	HAIR BRN	EYES BLU
STREET ADDRESS 2310 118th DR. NE.		CITY LK. STEVENS			STATE WA	ZIP 98258		RES. STATUS		
HOME PHONE 425 377 0375		CELL PHONE			PLACE OF EMPLOYMENT PIONEER CABLE					
WORK PHONE 125 754 2884		EMAIL ADDRESS								

I, TERENCE HUDSPETH, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

HAVING LIVED AT THIS ADDRESS FOR 16 YEARS
HAVE WITNESSED TOMMY REPAIRING 5 VEHICLES FROM
5 CRASHES IN 5 YEARS WHERE HE "CAN'T REMEMBER"
WHAT HAPPENED. TOMMY HAS A LONG HISTORY OF
GRAND MALL SEIZURES.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED 7-11-15	LOCATION SIGNED LAKE STEVENS
OFFICER/NUMBER: <u>C. W. 131</u>	DATE SIGNED 7/11/15	LOCATION SIGNED LKS

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

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LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER 15-1727

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) HEIST, MICHAEL JAMES	RACE C	ETH	SEX M	DOB 2/27/1985	AGE 30	HGT 5'8	WGT 200	HAIR BLOND	EYES BLUE
STREET ADDRESS 2305 118TH DR NE		CITY LAKE STEVENS			STATE WA	ZIP 98258	RES. STATUS CITIZEN			
HOME PHONE (425) 308-5618		CELL PHONE			PLACE OF EMPLOYMENT HOFFMAN STRUCTURES INC.					
WORK PHONE		EMAIL ADDRESS mj-heist@hotmail.com								

I, MICHAEL HEIST, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I NOTICED FROM A ROOM LOOKING AT THE SCENE THE TRUCK IN THE BUSHES AND FENCE SPINNING HIS TIRES. I STOOD WATCHING FOR ABOUT 30 SECONDS BEFORE I LEFT WHAT I WAS DOING, PUT CLOTHES ON, AND CAME OUT. THE TIRES HAD STOPPED SPINNING, SO I WALKED TO THE PASSENGER SIDE OF THE VEHICLE, KNOCKED ON THE WINDOW AND REALIZED HE WAS CONVULSING IN THE DRIVER SEAT. KNOWING THAT HE HAS HAD 2 SERIOUS ACCIDENTS IN THE YEAR AND A HALF THAT I HAVE LIVED HERE DUE TO SEIZURES, I RAN TO MY HOUSE TO GRAB A PHONE AND WENT TO HIS HOUSE TO NOTIFY HIS FAMILY, AND FROM THERE DIALED 911. WHEN I GOT BACK TO THE VEHICLE THE SEIZING APPEARED TO HAVE STOPPED, BUT HE APPEARED UNRESPONSIVE, HIS DOORS WERE LOCKED SO I HAD NO ENTRY AND WAITED FOR AUTHORITIES TO SHOW UP.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED 7/11/2015	LOCATION SIGNED SCENE OF ACCIDENT
OFFICER/NUMBER: C. Waus / 131	DATE SIGNED 7/11/15	LOCATION SIGNED CKS

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

LAKE STEVENS POLICE EVIDENCE UNIT		Primary Officer/Badge Number <i>Wells</i>		Case Number <i>15-1727</i>	
Type of Crime: Felony / Misdemeanor (Circle)		Type of Case: <i>Collision</i>		Date/Time: <i>7-11-15 1100</i>	
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING		*Evi will be held until court dispo or when the Statute of Limitations has expired *Found and Sfgk will be held for 60 days or 60 days past owner notification			

Case #

Item # <i>Qm1</i>	Item <i>CD</i>	Brand Name <i>Comcast</i>			Storage Location	Disposition
	Brand/Model/Caliber <i>Scmp Photos</i> (Further Description)					
	Action # <i>3</i>	Serial #	Where Found	Weight of Narcotic		
Owner's Name _____ Address _____ City _____ State _____ Zip _____ Phone # _____					Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions						
Item #	Item	Brand Name			Storage Location	Disposition
	Brand/Model/Caliber (Further Description)					
	Action #	Serial #	Where Found	Weight of Narcotic		
Owner's Name _____ Address _____ City _____ State _____ Zip _____ Phone # _____					Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions						
Item #	Item	Brand Name			Storage Location	Disposition
	Brand/Model/Caliber (Further Description)					
	Action #	Serial #	Where Found	Weight of Narcotic		
Owner's Name _____ Address _____ City _____ State _____ Zip _____ Phone # _____					Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions						
Item #	Item	Brand Name			Storage Location	Disposition
	Brand/Model/Caliber (Further Description)					
	Action #	Serial #	Where Found	Weight of Narcotic		
Owner's Name _____ Address _____ City _____ State _____ Zip _____ Phone # _____					Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions						
Item #	Item	Brand Name			Storage Location	Disposition
	Brand/Model/Caliber (Further Description)					
	Action #	Serial #	Where Found	Weight of Narcotic		
Owner's Name _____ Address _____ City _____ State _____ Zip _____ Phone # _____					Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions						

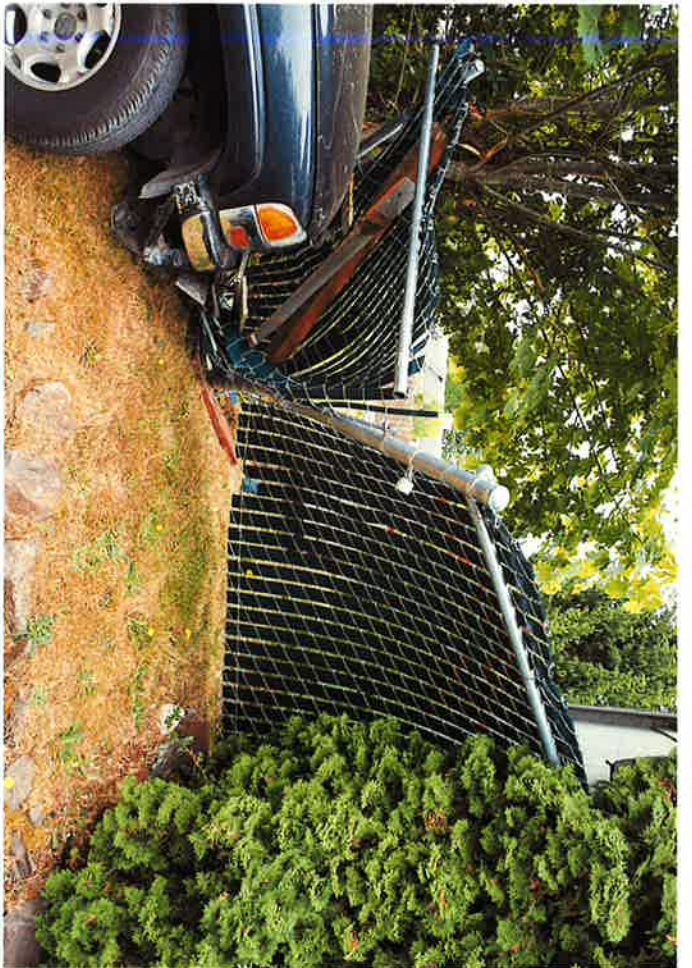
Evidence Control Use Only:

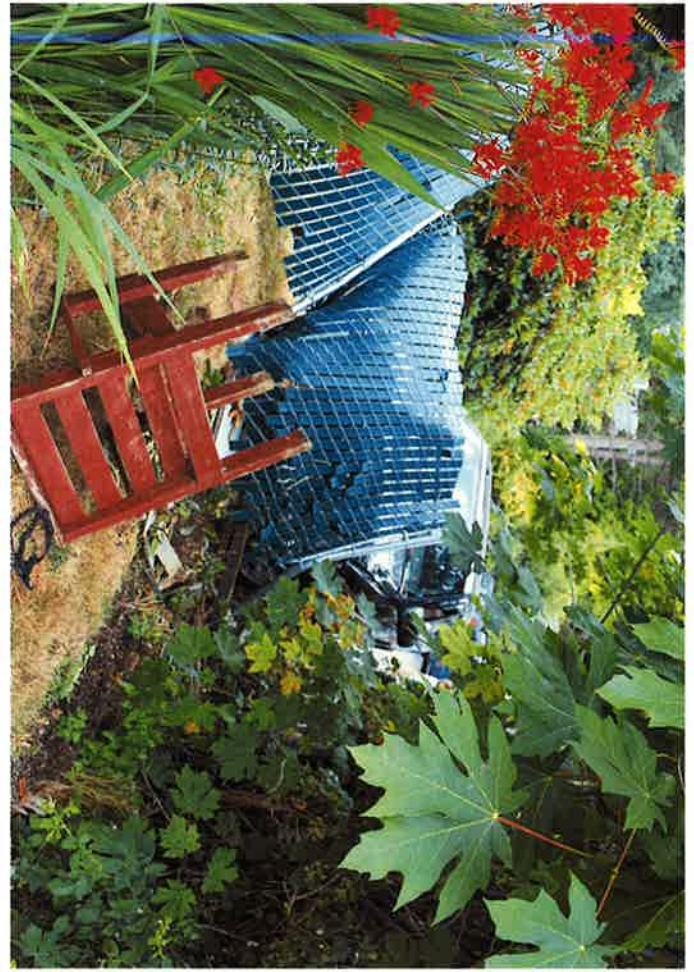
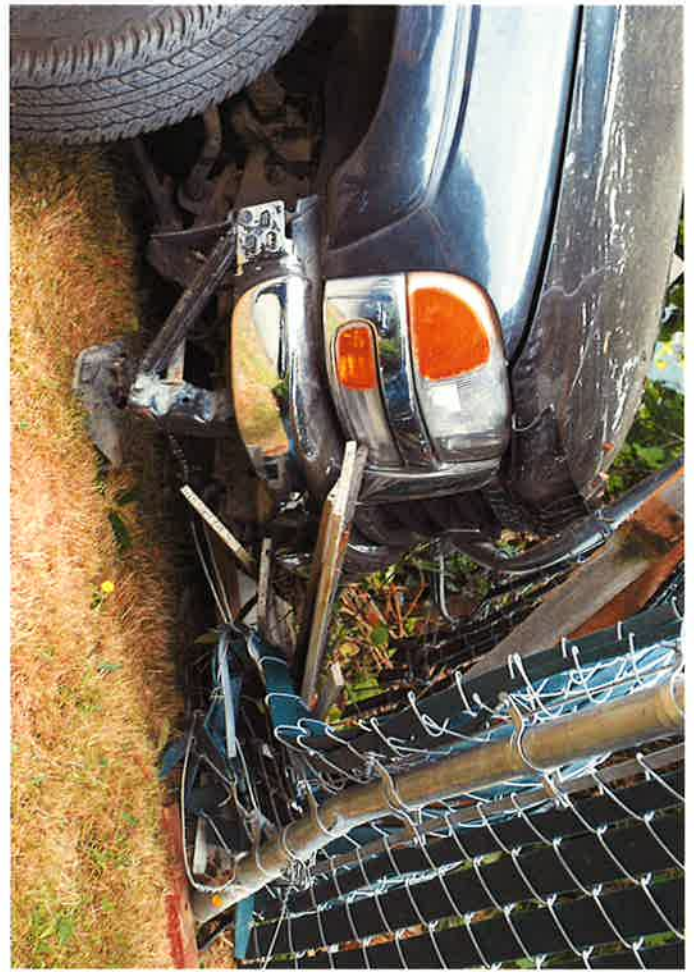
Received by Evidence:	NCIC/WACIC <input checked="" type="checkbox"/>	Date:	CAD/RMS Checked	ROUTING: _____
Name: _____ # _____	NCIC/WACIC +	Date:	Owner Letter Sent:	White: Property Room
Date: _____ Time: _____	NCIC/WACIC -	Date:	Owner Letter Sent:	Yellow: Case File

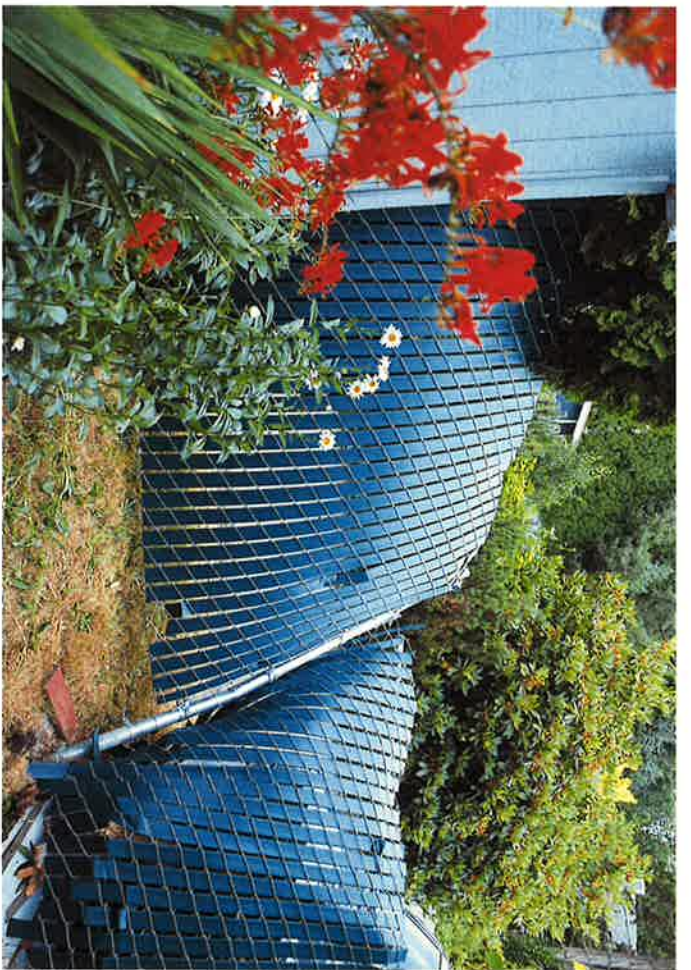
75-1727



15-1127









15-1727



15-1727

